Countryside in Baden-Württemberg

General overview

Baden-Württemberg is Germany’s third-largest federal state, covering an area of 35,751 km². It is located in south-west Germany and shaped by varying landscapes (1). Commitment in the state to the economy, sciences, education, culture, and society has contributed to making southwest Germany one of the most successful regions in the world. The population (10.8 million) has grown steadily over time, attributable in present times mainly to immigration (1). The population structure is changing fundamentally; in addition to longer life expectancy and a slow growth in birth rate (1.51 children per woman in 2015), migration is a key factor. Roughly 1.2 million people (approximately 11%) with non-German passports currently live in Baden-Württemberg (2).

The State Government of Baden-Württemberg wishes to ensure the best possible health and medical care for its population. The Baden-Württemberg Ministry of Social Affairs and Integration has introduced health guidelines, focusing on ensuring a patient-centred, regionally available and well-networked health-care system and its continuous improvement, (3). The health guidelines, which were developed with extensive citizen participation, represent the Baden-Württemberg Government’s understanding of a modern health-care system that caters for its patients and their preferences. Baden-Württemberg recognizes that a health-promoting environment means one in which there is universal access to the best possible medical and long-term care. This recognition, fortified by cross-sector supply structures, has contributed to improving care, especially of the chronically ill, and to making transitions easier. Individual areas of care are continually being developed to ensure the provision of services on a long-term, universal basis. In addition to inpatient, outpatient, psychiatric and long-term care, the state places great importance on prevention and health promotion activities.

The health-care sector in Baden-Württemberg employs more workers than any other sector in the state. More than one eighth of employees contributing to social security in Baden-Württemberg work in health-care-related areas. Over €44.1 billion were spent on health-care-related goods and services in Baden-Württemberg in 2015, averaging €4088 per person. This was €125 below the average per capita health-care expenditure in Germany, and partially due to the different demographic development in Baden-Württemberg (4). Baden-Württemberg’s health-
The strengths of Baden-Württemberg are as follows.

- "Health dialogue" is used to improve prevention and health promotion in the state, as well as in counties, districts, cities, and communities.
- The "Health guideline Baden-Württemberg" is structured in three action areas: prevention and health promotion; medical care (including cure and rehabilitation); and long-term care.
- Baden-Württemberg’s health-care industry is growing steadily, and good health-care services are available to everyone free of charge.

The hospital landscape is dominated primarily by independent non-profitable hospitals, although the number of private hospitals is growing. The federal states are responsible for hospital planning. The hospitals are financed through a dual system, which provides for state coverage of investment costs and coverage of operating costs by statutory health-insurance companies.

The care expenditure ratio in 2015 was close to 10%, still almost 2% lower than that for Germany as a whole. This was due primarily to the above-average economic performance and below-average unemployment rate in the south-west region, compared to federal figures.

Statutory framework conditions for health care in Baden-Württemberg are shaped by the German health-care system. Its organization and financing are based on the traditional principles of decentralization, self-regulation and social solidarity. There are different levels of health policy. National-level policy establishes a framework for the delivery of inpatient and outpatient care, which is planned, financed, and regulated separately by different agencies. The Association of Statutory Health Insurance Physicians is responsible for the planning and provision of outpatient medical care by private-practice physicians. This is financed through a complex formal negotiation process between the health-insurance companies and the physician and dentist associations.

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**Strengths**

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- Medical and long-term-care advisory facilities and service providers work alongside companies dealing with pharmaceuticals, medical technology and biotechnology, as well as research institutions, to ensure maintenance of the high level of health care available and to improve it further over time.
Aspirations

Baden-Württemberg is aiming to:

- develop health-care provision as patient-focused, networking, participatory structures;
- strengthen prevention and health promotion by promoting collaboration among participating institutions and promoting healthy lifestyles;
- develop integrated care for chronically ill patients and patients with multiple illnesses;
- support local communities in providing care and companionship to citizens wishing to stay in their own homes as long as possible.

Challenges

These are:

- fragmentation between inpatient and outpatient care and between curative, rehabilitative, and long-term care services;
- the increasing number of patients suffering from chronic illness as a result of the growing number of older people that require specialized advisory services and structured case management;
- the need for coordination and networking among stakeholders and services involved in prevention and health promotion activities at the state and local levels.

Potential areas of collaboration

Baden-Württemberg is interested in collaboration with other regions on:

- ways of integrating family-health centres into the local communities;
- intersectoral health policy/health care;
- digitalization of health files;
- prevention and health promotion.

Working groups

Baden-Württemberg is interested in participating in working groups on:

- health-care systems/primary health care;
- governmental approaches/intersectoral measures;
- prevention and health promotion.

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References


